



Cultural and Linguistic Competency

Access to Culturally and Linguistically Competent Programs and Services was identified as one of eight initial Health Agency Strategic Priorities established in August 2015. The goal was to ensure access to culturally respectful and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities. To carry out this important mandate, a cross-departmental workgroup led by the Department of Mental Health (DMH) was formed with representatives from the Health Agency, American Federation of State, County and Municipal Employees, DMH, the Department of Health Services (DHS) and Department of Public Health (DPH).

What is cultural competence?*

Cultural competence in health settings is described as the ability of systems, including its providers and organizations, to respect diversity and effectively provide care to individuals with different values, beliefs, and behaviors in culturally relevant ways to meet their social, cultural, and linguistic needs. The Institute of Medicine (IOM) has highlighted the importance of client-centered care and cultural competence to improving quality and eliminating racial/ethnic health care disparities. Providing culturally competent care also means appropriately serving clients with different sexual orientations and gender expressions, socioeconomic status, physical and mental abilities, and spiritual and religious beliefs.¹

Who is most affected?

Lack of provider and institutional cultural and linguistic competence affects many communities, including but not limited to: communities of color; lesbian, gay, bisexual, transgender and queer individuals; non-native English speakers; religious minorities in the United States; and youth.

What causes the health inequity?

When health care providers fail to understand sociocultural differences, communication and trust between themselves and the client may suffer. This can cause client misunderstanding, frustration and dissatisfaction, and may prevent people from seeking care and optimal adherence to treatment and health promoting behavior when in care, leading to poorer health outcomes. Providers unfamiliar with their clients' cultural norms may also be at risk of allowing implicit bias to negatively affect their behavior and clinical decision-making. Implicit bias "refers to the attitudes or stereotypes [that individuals hold, which] affect understanding, actions, and decisions in an unconscious manner."²

*The Center for Health Equity recognizes that for many people the term "cultural competence" is objectionable and ought to be replaced with language that speaks to cultural humility and cultural respect. It is used in this context solely to ensure alignment with the Health Agency Strategic Priority language as written.

References:

¹ Betancourt, JR, Green, AR, Carrillo, JE and Park, ER. (March 2005). Cultural Competence And Health Care Disparities: Key Perspectives And Trends. *Health Affairs*, 24(2), pp. 499-505.

² The Kirwan Institute for the Study of Race and Ethnicity, University of Ohio. Understanding Implicit Bias. Online at: <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>. Last accessed October 9, 2017.